

# Consent for Adolescent Participation in Substance Abuse Programs

Date: \_\_\_\_\_

To Whom It May Concern,

I, [Parent/Guardian Name], the parent/legal guardian of [Adolescent's Name], grant my consent for my child to participate in the substance abuse program provided by [Program Name].

I understand that this program aims to educate and support adolescents dealing with substance abuse issues, and I believe it is in my child's best interest to participate.

I acknowledge that I have been informed about the program's purpose, activities, and potential risks. I also understand that [Program Name] will maintain confidentiality regarding my child's participation.

Please feel free to contact me at [Phone Number] or [Email Address] for any further information.

Sincerely,

[Parent/Guardian Signature]  
[Parent/Guardian Printed Name]  
[Relationship to Adolescent]  
[Address]  
[City, State, Zip Code]